

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
03-26

2. STATE
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §440.130(d)

7. FEDERAL BUDGET IMPACT:
a. FFY '03 \$0
b. FFY '04 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 54-54o
Att. 3.1-B, pp. 53-53o

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
same

10. SUBJECT OF AMENDMENT:
Rehabilitative Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
// Mary B. Kennedy – signature //

16. RETURN TO:
Stephanie Schwartz
Minnesota Department of Human Services
Federal Relations Unit
444 Lafayette Road No.
St. Paul, MN 55155-3852

13. TYPED NAME:
Mary B. Kennedy

14. TITLE:
Medicaid Director

15. DATE SUBMITTED:
September 25, 2003

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 25, 2003

18. DATE APPROVED: 12/19/03

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

[Signature]

21. TYPED NAME:
Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

RECEIVED

SEP 25 2003

DMCH - MI/MN/WI

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13.d. Rehabilitative services.

Rehabilitative services are limited to:

- (1) Except as otherwise noted, services provided under the recommendation of a physician. The therapeutic treatment must be a part of the recipient's plan of care; and
- (2) Services that are medically necessary and the least expensive, appropriate alternative.

Mental health rehabilitative services are the following:

- **Community mental health center (CMHC) services** provided by a facility that meets the requirements of Minnesota Statutes, §256B.0625, subdivision 5.

The CMHC must be licensed under Minnesota Rules, parts 9520.0750 to 9520.0870 to provide mental health services under the clinical supervision of a mental health professional who is licensed for independent practice at the doctoral level, or by a board-certified psychiatrist, or a psychiatrist who is eligible for board certification. A CMHC's mental health team includes at least a:

1. licensed physician who has completed an approved residency program in psychiatry;
2. doctoral clinical, counseling or health care psychologist; and
3. clinical social worker with a master's degree in social work from an accredited college or university and/or a clinical psychiatric nurse with a master's degree in psychiatric nursing or a related psychiatric nursing program from an accredited college or university.

As needed, the mental health team may also consist of other professionals, paraprofessionals and disciplines. Staff qualifications are consistent with the specific service listed, below.

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13.d. Rehabilitative services. (continued)

CMHC services are furnished by a private nonprofit corporation or a governmental agency that has a community board of directors. Providers must be capable of providing the services to recipients who are diagnosed with both mental illness or emotional disturbance and chemical dependency, and to recipients dually diagnosed with a mental illness or emotional disturbance and mental retardation or a related condition.

The following are included in the **CMHC services** payment:

1. Diagnostic assessment
2. Explanation of findings
3. Family, group and individual psychotherapy, including crisis intervention psychotherapy services, multiple family group psychotherapy, psychological testing, and medication management
4. Day treatment services
5. Professional home-based mental health services
6. For Medicare-certified centers, partial hospitalization for mental illness, as defined at §1861(ff) of the Act.

Authorization is required for the following conditions:

- A. Services provided for more than 21 days.
- B. Services within 45 days of the last day a recipient received services.
- C. For a recipient under age 18, less than three hours of covered services per day.
- D. For a recipient at least age 18, less than five hours of covered services per day.

The provider must provide 24-hour emergency care or demonstrate the capacity to assist recipients in need of such services on a 24-hour basis.

- Coverage of **day treatment services for mental illness** is limited to:

1. Services recommended by a psychiatrist, licensed psychologist, licensed independent clinical social worker, registered nurse with certification as a clinical nurse specialist in psychiatric and mental health nursing or a master's degree in nursing or one of the behavioral sciences or related fields, with at least

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4,000 hours of post-master's supervised experience; licensed psychological practitioner; or licensed marriage and family therapist with at least two years of post-master's supervised experience.

2. Services supervised by an enrolled psychiatrist or other mental health professional listed in item 6.d.A.

3. Services provided in or by one of the following:

A. Joint Commission on the Accreditation of Healthcare Organizations approved outpatient hospital;

B. Community Mental Health Center;

C. County contracted day treatment provider.

4. Services provided up to 15 hours per week.

- **Mental health community support services** are recommended by a mental health professional defined in item 6.d.A. after a diagnostic assessment and a functional assessment. They are provided pursuant to an individual treatment plan, written by a mental health professional or by a mental health practitioner defined on page 54n under the clinical supervision of a mental health professional.

The services are provided on a one-to-one basis or in a group in a recipient's home, a relative's home, school, place of employment, or other community setting.

The following are eligible to provide mental health community support services:

1. An entity certified by the Department and operated by a county.

2. An entity certified by ~~its~~ the Department based on a review and recommendation by the host county.

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13.d. Rehabilitative services. (continued)

3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260 ~~(formerly Title III of P.L. 93-638)~~, operating as a 638 facility.

Provider Qualifications and Training

1. A mental health practitioner must receive ongoing continuing education training as required by the practitioner's professional license; or, if not licensed, a mental health practitioner must receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services.
2. A mental health rehabilitation worker must:
 - A. Be at least 21 years of age;
 - B. Have a high school diploma or equivalent;
 - C. Have successfully completed 30 hours of training during the past two years covering recipient rights, recipient-centered individual treatment planning, behavioral terminology, mental illness, co-occurring mental illness and substance abuse, psychotropic medications and side effects, functional assessment, local community resources, adult vulnerability, and recipient confidentiality; and _____
 - D. Meet the qualifications in (1) or (2) below:
 - (1) Have an associate of arts degree in one of the behavioral sciences or human services, be a registered nurse without a bachelor's degree, or within the previous ten years:
 - (a) Have three years of personal life experience with serious and persistent mental illness;

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- (b) Have three years of life experience as a primary caregiver to a person with a serious mental illness or traumatic brain injury; or
- (c) Have 4,000 hours of supervised paid work experience in the delivery of mental health services to persons with serious mental illness or traumatic brain injury; or
- (2) (a) Be fluent in the language or competent in the culture of the ethnic group to which at least 50
20 percent of the mental health rehabilitation worker's clients belong;
- (b) Receive monthly individual clinical supervision by a mental health professional during the first 2,000 hours of work. Supervision must be documented;
- (c) Have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with recipients and at least six hours of field supervision quarterly during the following year;
- (d) Have review and cosignature of charting of recipient contacts during field supervision by a mental health professional or mental health practitioner; and
- (e) Have 40 hours of additional continuing education on mental health topics during the first year of employment.

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13.d. Rehabilitative services. (continued)

D. Receive ongoing continuing education training of at least 30 hours every two years in areas of mental illness and mental health services and other areas specific to the population being served.

Components of Mental Health Community Support Services

A mental health professional, a mental health practitioner under the clinical supervision of a mental health professional, and a mental health rehabilitation worker under the direction of a mental health professional or mental health practitioner and under the clinical supervision of a mental health professional must be capable of providing the following two components: A mental health professional means an individual defined in item 6.d.A. or an individual who: 1) has a master's degree from an accredited college or university in one of the behavioral sciences or related fields, with at least 4,000 hours of post-master's supervised experience in the delivery of clinical services in the treatment of mental illness; and 2) holds a current and valid national certification as a certified rehabilitation counselor or certified psychosocial rehabilitation practitioner.

1. Basic living and social skills, which may include:

- A. Communication skills.
- B. Budgeting and shopping skills.
- C. Healthy lifestyle skills.
- D. Household management skills.
- E. Transportation skills.
- F. Medication monitoring.
- G. Crisis assistance skills, including relapse prevention skills and developing a health care document.

13.d. Rehabilitative services. (continued)

2. Consultation with relatives, guardians, friends, employers, treatment providers, and other significant people, in order to change situations and allow the recipient to function more independently. The consultation must be directed exclusively to the treatment of the recipient.

A physician, physician assistant, pharmacist and registered nurse must be capable of providing medication education. Medication education includes training the recipient in the symptoms of mental illness, discussing the benefits and side effects of psychotropic medication, and discussing the importance of medication compliance. Medical education enables the recipient to better manage the symptoms of mental illness, allowing the recipient to return to independent functioning with less chance of relapse.

The services below are not eligible for medical assistance payment as mental health community support services:

1. Recipient transportation services.
2. Services billed by a nonenrolled Medicaid provider.
3. Services provided by volunteers.
4. Direct billing of time spent "on call" when not providing services.
5. Job-specific skills services, such as on-the-job training.
6. Performance of household tasks, chores, or related activities for the recipient.
7. Provider service time paid as part of case management services.
8. Outreach services, which means services identifying potentially eligible people in the community, informing potentially eligible people of the availability of medically needy mental health mental health community support services, and assisting potentially eligible people with applying for these services.

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9. Services provided by a hospital, board and lodge facility, or residential facility to patients or residents. This includes services provided by an institution for mental disease.

- **Mental health crisis response services** are services recommended by a physician, mental health professional defined in item 6.d.A., or mental health practitioner defined on page 54n.

The following are eligible to provide mental health crisis response services:

1. An entity operated by a county.
2. An entity under contract with a county.
3. A facility of the Indian Health Service or a facility owned or operated by a tribe or tribal organization and funded by either Title I of the Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended, or Title V of the Indian Self-Determination and Education Assistance Act, P.L. 106-260 ~~(formerly Title III of P.L. 93-638)~~, operating as a 638 facility.

Mental health practitioners and mental health rehabilitation workers must complete at least 30 hours of training in crisis response services skills and knowledge every two years. _____

The components of mental health crisis response services are:

1. Crisis assessment. Crisis assessment is an immediate face-to-face appraisal by a physician, mental health professional, or mental health practitioner under the clinical supervision of a mental health professional, following a determination that suggests the recipient may be experiencing a mental health crisis.

The crisis assessment is an evaluation of any immediate needs for which emergency services are necessary and, as time permits, the recipient's life situation, sources of stress, mental health problems and symptoms, strengths, cultural considerations,

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support network, vulnerabilities, and current functioning.

2. Crisis intervention. Crisis intervention is a face-to-face, short-term intensive service provided during a mental health crisis to help a recipient cope with immediate stressors, identify and utilize available resources and strengths, and begin to return to the recipient's baseline level of functioning. Crisis intervention must be available 24 hours a day, seven days a week.

A. Crisis intervention is provided after the crisis assessment.

B. Crisis intervention includes developing a crisis treatment plan. The plan must include recommendations for any needed crisis stabilization services. It must be developed no later than 24 hours after the first face-to-face intervention. The plan must address the needs and problems noted in the crisis assessment and include measurable short-term goals, cultural considerations, and frequency and type of services to be provided. The plan must be updated as needed to reflect current goals and services.

The crisis intervention team must document which short-term goals were met, and when no further crisis intervention services are required.

C. The crisis intervention team is comprised of at least two mental health professionals, or a combination of at least one mental health professional and one mental health practitioner with the required crisis training and under the clinical supervision of a mental health professional on the team. The team must have at least two members, with at least one member providing on-site crisis intervention services when needed.

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D. If possible, at least two members must confer in person or by telephone about the assessment, crisis treatment plan, and necessary actions taken.

E. If a recipient's crisis is stabilized, but the recipient needs a referral to other services, the team must provide referrals to these services.

2. Crisis stabilization. Crisis stabilization is an individualized mental health service designed to restore a recipient to the recipient's prior functional level.

A. Crisis stabilization cannot be provided without first providing crisis intervention.

B. Crisis stabilization is provided by a mental health professional, a mental health practitioner who is under the clinical supervision of a mental health professional, or a mental health rehabilitation worker who meets the qualifications on pages ~~54b-54d~~ 54c-54e, who works under the direction of a mental health professional or a mental health practitioner, and works under the clinical supervision of a mental health professional.

C. Crisis stabilization may be provided in the recipient's home, another community setting, or a ~~short-term~~ supervised, licensed residential program that is not an IMD that provides short-term services. If provided in a ~~short-term~~ supervised, licensed residential program, the program must have 24-hour-a-day residential staffing, and the staff must have 24-hour-a-day immediate access to a qualified mental health professional or qualified mental health practitioner.

D. A crisis stabilization treatment plan must be developed, and services must be delivered according to the plan. A plan must be completed within 24 hours of beginning services and developed by a mental health professional or a